



State of Delaware
Department of Transportation
Division of Motor Vehicles



TRANSFER ON DEATH APPLICATION

REGISTRATION #: _____ VIN: _____

CURRENT EXPIRATION: _____ YEAR: _____ MAKE: _____ MODEL: _____

VEHICLE OWNER: _____ LICENSE #: _____

VEHICLE OWNER: _____ LICENSE #: _____

I (WE) hereby certify that the below applicant(s) is the beneficiary (TOD) to whom my (our) motor vehicle shall be transferred upon my (our) death(s).

ALL VEHICLE OWNERS(S) MUST SIGN:

PRINTED: _____ SIGNATURE: _____ DATE: _____

PRINTED: _____ SIGNATURE: _____ DATE: _____

BENEFICIARY/BENEFICIARIES (TOD):

TOD BENEFICIARY: _____ LICENSE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TOD SIGNATURE: _____ DATE: _____

TOD BENEFICIARY: _____ LICENSE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TOD SIGNATURE: _____ DATE: _____

TOD BENEFICIARY: _____ LICENSE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TOD SIGNATURE: _____ DATE: _____